

# CAMBODIA and HIV/AIDS

## SUMMARY

Cambodia has the highest HIV prevalence of any Asian country. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 4 percent of the adult population (15-49 years of age), or 220,000 persons, were HIV-positive at the end of 1999. However, the Cambodian National Consensus Workshop on Sexually Transmitted Infections (STIs), HIV and AIDS estimated 1999 prevalence at 170,000 or 3.3 percent of the adult population.

- The first HIV infection was detected in 1991.
- Initially concentrated in high-risk segments of the population, the epidemic is now spreading within the general population and in every province of Cambodia.
- Even with highly effective interventions, it has been estimated that AIDS will cost the Cambodian economy a total of \$2 billion by 2006.
- An estimated 14,000 adults and children died of AIDS in 1999.

**Factors Contributing to the Rapid Spread of HIV/AIDS:** Extensive and frequent solicitation of sex workers by Cambodian men, together with high levels of sexually transmitted infections (STIs), is fueling the spread of HIV in Cambodia. The government's 100% Condom Use Program — now operational in Phnom Penh and Sihanoukville and being phased in elsewhere — has reduced the prevalence of STIs. However, the number of women engaged directly in sex work through brothels, and indirectly as bar girls and beer promotion girls, has grown. In 1999, surveillance data found that HIV prevalence among direct female sex workers averaged 33.2 percent, while HIV prevalence among indirect female sex workers (e.g., bar girls) was 19.8 percent. Recent statistics show that 7 percent of men who work in the military, police force, or as deminers are infected with HIV — an infection rate second only to sex workers.

**Women and HIV/AIDS:** The HIV epidemic in Cambodia is centrally linked to gender roles and the low social and economic status of women. More than 71,000 adult women (ages 15-49 years) were estimated to be living with HIV at the end of 1999.

**Children, Youth and HIV/AIDS:** The HIV epidemic has had a substantial impact on children, causing high morbidity and mortality among infected children and orphaning many others. The number of AIDS-related orphans in Cambodia is expected to increase dramatically. UNAIDS estimates that 5,400 children under age 15 were living with HIV at the end of 1999. An estimated 13,000 children have lost their mother or both parents due to AIDS since the beginning of the epidemic.

**National Response:** The government of Cambodia established its first National AIDS Program in 1991, immediately after the first HIV infection appeared. It has since acknowledged the scale of the epidemic and is taking a multisectoral approach to reduce the number of new infections. It has developed a national policy on HIV prevention and care and support of people living with HIV/AIDS (PLWHAs). The government established the National Center for HIV/AIDS, Dermatology, and Sexually Transmitted Disease (NCHADS) within the Ministry of Health in 1998 and the National AIDS Authority in 1999.

**Donors:** Cambodia is one of four “rapid scale-up” countries targeted in USAID's expanded response to the global HIV/AIDS epidemic. USAID funding for HIV/AIDS activities for FY 2001 is US\$9.5 million — up from US\$2 million in FY 2000. Beginning in 2001, USAID will engage directly with the government to work on HIV/AIDS prevention and mitigation. Other donors supporting the government's HIV/AIDS strategy include AusAID, the European Commission, the French Cooperation, JICA, CIDA, WHO, the World Bank, and UNAIDS and its partner organizations.

# USAID/NGO Interventions

## Cambodia

## INTERVENTION

## ORGANIZATION

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# CAMBODIA and HIV/AIDS

## COUNTRY PROFILE

The Kingdom of Cambodia shares borders with Thailand, Lao People's Democratic Republic, and Vietnam. Cambodia's population of 11.4 million is composed primarily of Theravada Buddhists (95 percent) and of the Khmer ethnic group (96 percent). Approximately 1 million people live in Phnom Penh, the capital city; however, 83 percent of the total population live in rural areas. With an annual rate of natural increase of 2.5 percent (lower than in many Asian countries), the population is expected to double by 2028. The country's population is young, with 43 percent under 15 years of age.(27) Life expectancy is 50.3 years for males and 58.6 years for females, though Cambodia has lost 3 years of life expectancy due to AIDS mortality. (14)

Cambodia is steadily making the transition to a market economy as it recovers from decades of war and internal strife. The achievements of Cambodia's reform efforts since 1993 have been impressive, given the state of Cambodia after a quarter century of devastation that left its human capital decimated through genocide and the exodus of educated citizens, and its economic and social and democracy infrastructure dismantled.

Cambodia remains, however, one of the poorest countries in the world, with an annual gross national product (GNP) of \$260 and almost 40 percent of the



population living below the poverty line. (26, 12) Much of the population lacks access to health and educational facilities, safe water, electricity, sanitation and serviceable roads, and land mines continue to limit the use of arable land. Cambodia's 18-36-year-old cohort and its professional class of teachers, managers, doctors, nurses, and other skilled professionals, which was almost entirely wiped out by the Khmer Rouge, is only now being rebuilt.

Key Population, Health, and Socioeconomic Indicators		
Population	11.4 million	1998 Census
Rate of Natural Increase	2.5 %	1998 Census
Life Expectancy	Males: 50.3 Females: 58.6	National Institute of Statistics 1998
Total Fertility Rate	4.1	National Health Survey 1998
Infant Mortality Rate	89 per 1,000 live births	National Health Survey 1998
Maternal Mortality Rate	473 per 100,000 live births	National Health Survey 1998
Per capita income (US\$)	249	Asian Development Bank
Govt. health expenditure	1%	
Adult Literacy	Males: 79% Females: 57%	1998 Census

Cambodia lacks a viable network of health facilities and/or an adequate supply of health workers, particularly in rural areas. The 1997 Cambodia Socio-economic Survey (CSES) indicated that only 16.2 percent of villages had a primary health clinic. The percentage of villages having other health providers was equally small: 24.7 percent had drug vendors; 15.6 percent had private clinics, and 18.8 percent had private physicians. Data show that traditional healers (*kru khmer*) and traditional birth attendants (TBAs) are the most available care providers in rural Cambodia, present in about one-half of villages.

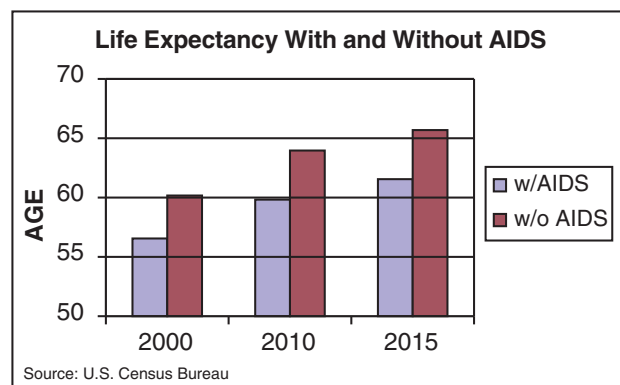
The health status of Cambodia's population is one of the weakest in Asia. Infant, child and maternal mortality rates are among the highest in the region. The infant mortality rate is 89 per 1,000 live births, under-5 mortality is 115 per 1,000, and the maternal mortality rate is 473 per 100,000 live births.(14) Leading causes of mortality are malaria, acute respiratory infections, and tuberculosis.

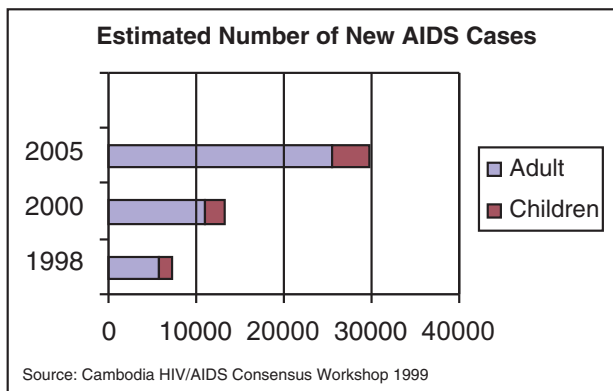
## HIV/AIDS IN CAMBODIA

Cambodia has the highest HIV prevalence of any country in Asia. HIV was first detected in 1991 in a male blood donor, but the first cases of AIDS were not diagnosed until late 1993. Surveillance data indicate high HIV prevalence and low knowledge of serostatus among most HIV-positive Cambodians. The HIV epidemic has now spread into every province and every population group in the country, although it appears to be concentrated in urban areas. The highest rates of infection have been found in the southeast and central provinces and along the Thai border.

- According to UNAIDS, an estimated 220,000 Cambodians were living with HIV/AIDS at the end of 1999, with an adult prevalence of about 4 percent. (1)
- According to the Cambodian National Consensus Workshop on Sexually Transmitted Infections (STIs), HIV and AIDS, an estimated 170,000 Cambodians were living with HIV/AIDS in 1999, accounting for 3.3 percent of the adult population.

- By the end of 1999, 14,000 deaths had occurred in adults and children. (1, 14)
- The estimated number of new HIV infections for 2000 was 49,000.
- Nearly 8,000 people were expected to die of AIDS in 2000, an average of 20 people per day. (18)
- The male-to-female ratio of HIV prevalence has dropped from 1.75 to 1.5, possibly indicating an increase in the number of transmissions between spouses, as men who are infected through contact with HIV-positive sex workers pass HIV on to their wives.(15) Less than 1 percent of married women, aged 15-49, report that they use condoms.
- From 1998 to 1999, reported AIDS cases increased 51 percent, and HIV infections increased 25 percent. (21)
- Of about 24,000 reported cases of HIV seropositivity as of June 1999, 6.8 percent occurred due to mother-to-child transmission. (16)





Unprotected heterosexual sex is the major mode of HIV transmission in Cambodia. Information regarding transmission among men who have sex with men (MSMs) is scant, although preliminary studies concerning this cohort are under way. (2)

**Surveillance:** Cambodia has been collecting HIV surveillance data since 1994. Policies are formulated and intervention strategies are targeted accordingly. In 1999, the HIV Sentinel Serological Surveillance (HSS) system included sites in 19 of Cambodia's 23 provinces, testing military, direct and indirect sex workers, women under 35 years, and hospital inpatients. Screening of donated blood and voluntary screening at designated clinics and hospitals was also conducted. (14)

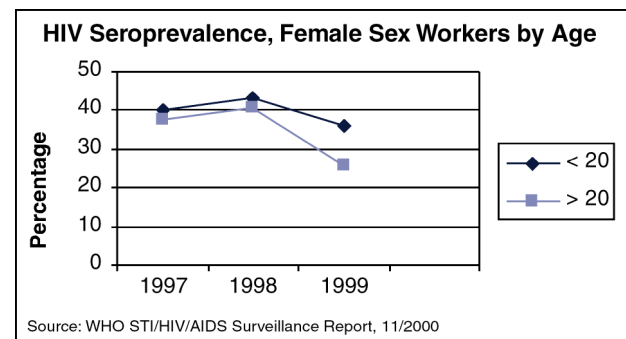
According to 1998 data, the high HIV prevalence (12.2 percent) among hospital inpatients in two of the most populous provinces and in Phnom Penh indicate that a large number of infected people have become symptomatic and are seeking treatment. Significant mother-to-child transmission (MTCT) has also been reported.

HSS and Behavioral Surveillance Surveys (BSS) [established in 1997 and undertaken in five cities], and STI prevalence data are improving in quality, consistency, and comprehensiveness each year. These earlier surveys and analysis of the 1999 HSS results, including a pilot household survey in five provinces, and preceding surveys indicates that HIV prevalence in Cambodia has remained steady over the past 2 to 3 years.(15) Experts reported a slight leveling off of the epidemic in 2000. (21)

## Factors that contribute to the rapid spread of HIV/AIDS in Cambodia

**STIs.** High levels of STIs have been reported across Cambodia. The National AIDS Program (NAP) Sentinel Surveillance for 1997 found that 3.4 percent of women aged 15-24 tested seropositive for syphilis. A 1996 study revealed that 44 percent of sex workers surveyed had at least one STI other than HIV. The same study found 17 percent of men examined had the presence of at least one STI. Affordable and accessible STI drugs for at-risk populations are lacking, and there is significant resistance of STIs to common antibiotics. (14) Many Cambodians with symptomatic STIs appear to turn to pharmacies and drug sellers for treatment, though few pharmacists can identify the common symptoms of STIs or correct treatment protocols. (14)

**Sex Workers: Direct (brothels) and Indirect (bar girls and beer promotion girls):** Sex work has been practiced in Cambodia for centuries, and is common among both married and unmarried men. Although the sex industry predominantly caters to heterosexual clients, brothels for MSMs exist in the provinces of Batambang and Bantey Meanchey. Male and child sex workers are common in Phnom Penh as well. (14)



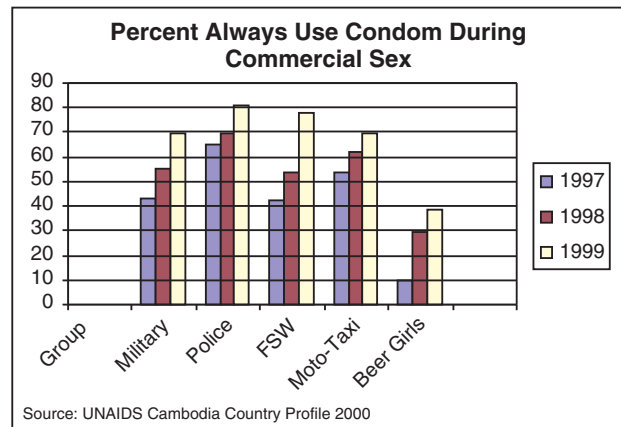
Estimates on the number of sex workers in Cambodia range from about 15,000 to 55,000. In 1998, the International Labor Organization estimated that there were 10,000-15,000 children working in the sex trade in Phnom Penh alone. (39) A 1999 sentinel surveillance study of sex workers and beer promotion girls in 20 provinces found that HIV prevalence among direct female sex workers aver-

aged 33.2 percent, while prevalence among indirect female sex workers averaged 19.8 percent.(3, 22)

Twenty to 40 percent of brothel-based sex workers are debt-bonded to brothel owners, with little hope of escape. It is estimated that 10 to 40 percent of sex workers enter the work involuntarily. Vietnamese women comprise about 20 percent of the Cambodian sex industry. (14) According to 1999 data from the International Labor Organization, 15 percent of sex workers surveyed in 22 of the country's 23 provinces were aged 9-15, of which 78 percent were Vietnamese and 22 percent Cambodian.(39)

**Condom Use:** Behavioral surveillance data indicate that risk behaviors are widespread among sex workers and their clients, and among youth. There appear to be large regional differences in condom use. Cambodia established a 100% Condom Use program for entertainment establishments in 1998, following pilot testing in Sihanoukville. The program – currently operational in select regions – requires brothel owners to enforce condom use. Active cooperation of the police, public health officials, owners of entertainment establishments, and sex workers has been critical to the program's success. (15)

Surveys conducted in 1998 indicate that overall condom use among men with sex workers was between 53 and 63 percent, compared with only 5 to 24 percent with regular or non-sex worker partners. The percentage of brothel-based sex workers using condoms increased from 42 percent in 1997 to 78 percent in 1999.(18) Although condom use among sex workers appears to be rising and the use of commercial sex appears to be decreasing, high-risk behaviors continue to be widespread.(14) Experts report a shift from brothel-based sex to more indirect venues, such as bars, karaoke lounges, and massage houses, which could lead to a new surge in HIV infections.(18)



*Number One*, the condom brand socially marketed by Population Services International (PSI), is the most widely used and available brand of condom in Cambodia. In 1999, 12.8 million *Number One* condoms were sold throughout the country. A 1999 survey among pharmacists and their clients revealed that most view condoms as acceptable for use only in brothels, making introduction of condoms in non-brothel settings difficult. (14)

**Military, Police, and Mototaxi Drivers:** The 1998 HSS indicated that HIV prevalence among police ranged from a low of 0.7 percent in Svay Rieng Province to 25.8 percent in Koh Kong Province. Recent statistics show seven out of every 100 deminers and men in the military and police force are infected with HIV — an infection level second only to that of sex workers. Recent BSS figures reveal that more than 55 percent of men in the military had visited a sex worker within a month of being interviewed. (18)

There is a large military force in Cambodia, with significant HIV infection levels and varying degrees of HIV/AIDS awareness. The Ministry of National Defense has worked with the World Health Organization (WHO) in recent years to develop a plan for condom promotion in the military and to develop military-specific HIV/AIDS educational materials. (14)

**Blood Safety:** The blood donor system in Cambodia is largely a commercial enterprise, with few voluntary donors. There is no consistent blood screening for HIV/AIDS. HIV prevalence was 4.1 percent

among male blood donors in 1998 and 2.5 percent among female blood donors. (15) The World Bank and the World Health Organization are providing funds and technical assistance to construct new blood centers and provide HIV test kits for all transfusion labs.

***Tuberculosis:*** The WHO ranks Cambodia as one of the top 20 “high TB burden” countries. Cambodia reports an estimated 24,000 TB patients per year — one of the highest case detection rates in Asia. In 1998, 9,000 deaths were attributed to TB. (31) About 2,000 new cases of TB reported in 1998 were attributable to HIV. The 1999 HSS found that almost 8 percent of TB patients nationwide were HIV-positive. (22) An increase in TB cases often corresponds to an increase in HIV-related diseases.

***Internal Migration:*** People migrating within one country or from one country to another — whether to seek work or to flee conflict — are at high risk for contracting and spreading HIV/AIDS. Male migrant workers in particular are likely to engage in high-risk behavior, such as injecting drug use or engaging in sexual activity with a sex worker, when they are away from home and family. According to the 1998 Population Census, 31.5 percent of Cambodians were classified as migrants. Approximately 59 percent were migrants within their home province, 35 percent were migrants from another province, and 6 percent were migrants from outside Cambodia. (27)

***People Living with HIV/AIDS (PLWHAs):*** According to a 2000 evaluation of the Ministry of Health (MOH) Home-Based Care Program implemented in urban communities, discrimination against PLWHAs is still prevalent, and a significant number of PLWHAs are reluctant to disclose their HIV status. Half of interviewees said they kept their HIV status secret from their community. (37)

## **Women and HIV/AIDS**

The HIV/AIDS epidemic in Cambodia is centrally linked to gender roles and the low social and economic status of women. According to the 1998 HSS, married women under the age of 35 tested

from 0.2 percent (Banteay Meanchey Province) to 6.0 percent (Koh Kong Province) for HIV prevalence. (14) Women account for approximately 52 percent of the population, and 26 percent of households are headed by women (1 in 4 households in rural areas and 1 in 3 in Phnom Penh). (14, 40)

- Some 71,000 adult women (15-49 years old) were estimated to be living with HIV at the end of 1999, up from 54,000 at the end of 1998. (1,4)
- An estimated one third of HIV/AIDS cases are among women of child-bearing age (15-49), who comprise 25 percent of the total population. (16,32)
- HIV prevalence among married women in 1998 ranged from 0.2 percent to 6 percent, but was 2 percent or higher in 12 of the 19 provinces surveyed.
- In 1998, 3.8 percent of pregnant women in major urban areas tested HIV-positive, indicating that the virus had begun to spread to the general population. (4)
- HIV prevalence among female direct sex workers averaged 33.2 percent in 1999. (22)

Many economically desperate women engage in sex work to support their families. (18)

## **Children and HIV/AIDS**

As of 1998, 43 percent of Cambodians were under age 15. Sixty-four percent of 7-14 year olds were enrolled in school in 1998 (66 percent of boys and 62 percent of girls). (27) A reported 17 percent of children aged 10-14 are employed full-time to support themselves and their families.(40) Children are employed in agriculture, construction, road-building, restaurants, salt fields, fish processing plants, shrimp peeling factories, cement factories, and as boat drivers, tour guides, street vendors, and drink sellers. Child prostitution and trafficking of children are common.(39)



The HIV epidemic has had a substantial impact on children, both through the loss of parents and infection of children themselves. The number of orphans in Cambodia is expected to increase dramatically due to AIDS in coming years. Infant mortality rates are currently estimated at 3 percent higher than they would have been in the absence of AIDS, and child mortality rates are 6 percent higher due to AIDS.

- UNAIDS estimates that 5,400 children under 15 years of age were living with HIV/AIDS at the end of 1999. (1,4)
- An estimated 13,000 children have lost their mother or both parents to AIDS since the beginning of the epidemic in 1991. (1,4)
- At the end of 1999, about 11,650 Cambodian orphans due to AIDS were alive and under age 15. (4)

Young boys and girls turn to the streets — where they often end up selling sex — to support themselves or poverty-stricken family members.(18) Of 100 PLWHAs interviewed for a home care program evaluation, 67 had children. In 21 percent of families studied, children had to start work after a family member became ill. In 30 percent of families, children had to provide care and/or take up additional household duties; 40 percent of the children had to leave school; and in 28 percent of the families, one or more children had to leave home. (37)

## **Youth and HIV/AIDS**

Youth are more vulnerable to HIV/STI infection due to greater exposure to sexual exploitation, limited knowledge of reproductive health issues, and high-risk behaviors, such as early onset of sexual activity, multiple sex partnering, low perception of personal risk, low condom use, and drug and alcohol use. Additionally, girls are biologically more vulnerable to HIV infection. Cultural norms inhibiting discussions related to sex and reproductive health, in addition to stigmatization by health care workers and a lack of reproductive health services designed for young people, heighten adolescents' risk of HIV infection. (14)

Street children usually report having higher numbers of sex partners than do other young people, and engage in a variety of risky behaviors. (18) Nearly one-third of sex workers aged 13-19 years are infected with HIV. (42) Studies have found that two in five girls living on the streets are sexually active, as are one in three boys on the streets.

Many young people do not attend school due to lack of funds and/or time. According to the 1998 Cambodian Census, the school dropout rate jumps 24 percent between the 7- to 14-year-old age group and the 15- to 19-year-old age group. In 1998, among 15-24-year-olds, literacy rates were 82 percent for males and 71 percent for females.(27)

## **Socioeconomic Effects of HIV/AIDS**

A 1997 United Nations study on the economic impact of AIDS in Cambodia found that even with highly effective interventions, AIDS would cost the Cambodian economy \$2 billion by 2006 — a staggering deficit that would ensure donor dependence for years to come. A prime determinant of this cost is the fact that about 90 percent of reported AIDS cases are among 20-49-year-olds, who represent the most productive segment of the labor force. This group's labor productivity will decline and eventually be lost once they fall ill with AIDS. The diminished labor pool affects economic prosperity, foreign investment, and sustainable development.

The agricultural sector similarly feels the effects of HIV/AIDS; a loss of agricultural labor is likely to cause farmers to switch to less labor-intensive crops. In many cases, this implies switching from export crops to food crops, thus diminishing the flow of foreign capital.

Private costs associated with the epidemic include expenditures for medical care, drugs, and funerals. Women are most affected by these costs and are less able to provide for their families when forced to care for a sick family member. According to WHO, an estimated 12,000 Cambodians living with HIV/AIDS seek care and support annually. It is anticipated that, within the next 5-10 years, up to 200,000 PLWHAs will seek treatment within the



already overburdened and underfunded health system. (14)

## INTERVENTIONS

### Success Stories

**100 Percent Condom Use Program:** A pilot project to enforce condom use in entertainment venues resulted in a 50 percent jump in consistent condom use by sex workers and their clients. Launched in Sihanoukville in 1998, the program enlisted local authorities, outreach workers, health care workers, owners of entertainment establishments, and sex workers to promote and monitor condom use in entertainment establishments. Since 1999, the National AIDS Authority (NAA) and NCHADS have collaborated with bilateral and multilateral agencies to expand the program nationwide. Current plans call for it to be phased in province by province. (38)

**People Living with HIV/AIDS:** A Ministry of Health PLWHA home care project, initially supported by the U.K. Department for International Development (DFID) and WHO, has provided care to more than 2000 families affected by HIV/AIDS in Phnom Penh and one rural site. Ten home care teams made up of NGO and nursing staff visit HIV/AIDS patients in Phnom Penh an average of three times per month. Total caseload for the project has risen to 800 per month, covering an estimated 50 to 80 percent of PLWHAs in Phnom Penh. (37)

## National Response

A National Policy and Priority Strategies for HIV/AIDS Prevention and Control (1999-2004) aims to reduce HIV transmission and morbidity and mortality associated with HIV infection. Strategies seek to:

- Prevent HIV infections by creating a social environment conducive to prevention and control of HIV/AIDS and support activities aimed at curbing the epidemic.
- Strengthen the capacity of the individual, family, and community, as well as the country's economic system, to manage and reduce the scope of the epidemic.

NCHADS was established by the MOH in 1998 to oversee the national response to HIV/AIDS, as well as to provide technical support to other government agencies and national partners. In January 1999, the NAA was established to strengthen the multisectoral response to the epidemic and ensure that all ministries and provinces integrate HIV/AIDS initiatives into their policies.

The First National Conference on HIV/AIDS in Cambodia was held in March 1999. It brought together policy and decisionmakers, field workers, researchers, medical personnel, monks and social workers for the first time. (20)

Strengthening the HIV/AIDS response at the provincial level is a priority of both the government and the United Nations. Provincial AIDS committees (PACs), provincial AIDS secretariats (PASs) and provincial AIDS offices (PAOs) are seen as critical to implementing the National Strategic Plan on the provincial and local levels. The NAA oversees PAC activities and pilot projects aimed at strengthening PACs. PASs have been supported through UNAIDS and other United Nations agencies.

The government response also includes research activities, condom social marketing, blood safety programs, care and support for PLWHAs, and HIV/AIDS education and information. A key goal of NCHADS is to improve STI prevention and control through STI management, using the syndromic approach, and to increase availability of quality STI services. STI treatment drugs are now included in the essential drugs list, and have been purchased by the MOH since 1999. A "Draft National Policy on 100% Condom Use in the Kingdom of Cambodia" (aimed at the sex industry) was developed in

July-August 1999, based on the lessons learned from the WHO/MOH-supported pilot project in Sihanoukville.

## Donors

Multilateral and bilateral donors remain actively engaged in Cambodia, despite the political upheaval of 1997, which resulted in a suspension or drastic reduction in bilateral assistance. With the formation of a new government, some donors have signaled their intention to resume development cooperation with Cambodia. The HIV/AIDS response in Cambodia is highly dependent on foreign donors. An estimated 80 percent of donor money is given directly to NGOs, rather than to the government, for implementation of activities.

The **United States Agency for International Development (USAID)**. Cambodia is one of four “rapid scale-up” countries identified in “USAID’s Expanded Response to the Global HIV/AIDS Pandemic.” USAID/Cambodia will receive a significant increase in resources to achieve measurable impact within 1-2 years and will work toward significant increases in coverage of programs aimed at target populations, as well as the general population. (30)

USAID’s funding for HIV/AIDS activities for fiscal year 2001 is US\$9.5 million, (28) compared with US\$2 million in FY2000. (13) The Cambodian

Mission will develop a new strategy in 2001 to scale up its HIV program and to further integrate HIV initiatives with other health sector activities. USAID began supporting programs for orphans and other vulnerable children (OVC) in Cambodia in FY 1999. FY 2001 funding to support OVC in Cambodia totals \$497,000.

The **Asia Development Bank** in March 2001 launched a \$600,000 grant activity to increase human capacity of the National AIDS Authority. The program will run through July 2002. (45)

**Australian Agency for International Development (AusAID)** supports activities to integrate HIV/AIDS activities into local development activities through small, short-term grants. AusAID supports the Mekong Subregional HIV/AIDS Initiative, which covers six countries, including Cambodia. Key activities include HIV/AIDS prevention and STI management and prevention; condom use; behavior change; promotion of best practices; counseling and peer education; training of village health workers; and home-based care. Target groups include sex workers, fishermen, police, street children and child prostitutes, and health workers. Implementers are NGOs, private voluntary organizations (PVOs), PACs and health committees. AusAID funding for regional activities in Cambodia was US\$102,000 for 1999-2000. Total requested for FY2000-2001 is US\$103,178. In addition, AusAID supports a youth peer education project implemented by the

Donor	Amount in US Dollars	Period
Asia Development Bank	600,000	2001-02
AusAID	102,000	1999-2000
DFID/UK	2,435,000 (Health)	2000-01
European Commission	48,120,566	1997-2002
French Cooperation	357,143	2001-02
UNAIDS	652,000	1997-99
UNDP	1,100,000	1997-98
UNESCO	77,500	1997-98
UNFPA	4,027,892	1998-2001
UNICEF	770,000	1997-98
USAID	9,500,000	FY 2001
World Bank	6,100,000	1996-2002

Australian Red Cross. Funding for this project totaled Aus\$1,012,000 for 1995-98. (7, 36)

The **Canadian International Development Agency** (CIDA) funds an HIV/AIDS prevention and care program through World Vision. The 2-year project (2000-2002) focuses on HIV/AIDS transmission along Highway 4. (45)

The U.K. **Department for International Development** (DFID) is considering a March 2001 proposal from the British Broadcasting Corporation (BBC) for a multi-year, nationwide media campaign to raise HIV/AIDS awareness. (45)

**European Commission (EC)** activities include support to strengthen the technical capacities of NCHADS, especially in the field of STI control, and STI services for sex workers and all women. The EC co-funds an umbrella project for adolescents, part of which supports CARE in providing reproductive health care and support, including HIV/AIDS information. Activities include: “STI Care and Prevention of STIs” (1/97-1/01) implemented by the Institute of Tropical Medicine-Antwerp; “Technical Assistance for National Program for AIDS Patients” (12/99-12/02), implemented by Medecins Sans Frontieres (MSF); “Reduction of STI/HIV Transmission and Care of Patients Infected with HIV” (4/99-3/02), implemented by Calmette Hospital; and a regional Initiative for Reproductive Health, co-funded with UNFPA (1/97-12/01) and implemented through NGOs and UNFPA/Cambodia. Total EC funding for AIDS-related activities for the period 1997-2002 is US\$48,120,566. (33, 45)

Since 1996, the **French Cooperation (FC)** has worked with NCHADS to develop a network of STI clinics at the provincial level and also in some high-risk districts. FC has also been working with NCHADS to develop its capacity for STI management and to implement a VCT network. (14) FC has funded health staff capacity building and provision of equipment for National Blood Bank centers. Activities provide access to diagnosis and treatment for STIs; access to counseling and testing for HIV infection; access to care and support for PLWHAs; prevention of vertical transmission of HIV infection;

and procedures to ensure blood safety. The first phase of the project (1996-1998) provided support of US\$1,093,963; phase 2 (1999-2000) was funded at US\$468,750; and phase 3 (2001-2002) proposed funding is US\$357,143. The first two phases totaled US\$1,562,713. (35)

**UNAIDS** established a UN-wide Theme Group on HIV/AIDS to coordinate the response of United Nations agencies to the epidemic and provide assistance to the government of Cambodia in the strategic development and evaluation of activities. UNAIDS provides limited funding for country-level activities. Strategic Planning and Development Funds (SPDF) are implemented through the UN Theme Group on HIV/AIDS and complement funding from other partners.

The Four Provincial AIDS Committees Project, funded by UNAIDS, is a joint pilot program implemented by the UN System in Cambodia. The project is carried out by UNICEF and supported by UNDP. It aims to strengthen the capacity of national counterparts in relevant ministries and in four provinces to undertake a multisectoral approach to plan, implement and monitor HIV/AIDS prevention activities in their respective areas. (12)

UNAIDS provided US\$652,000 during 1997-99 for HIV/AIDS activities. SPDF funding in 1998-2000 amounted to approximately US\$500,000. (20)

**UNDP** provides financial and technical support to Provincial AIDS Committees (PACs), and the National AIDS Program, including the development of a national policy concerning the promotion of condom use in sex establishments. Other UNDP activities include policy development and strategic planning with select Ministries; support to the Subregional Project on HIV, which is conducting a mapping exercise to identify mobile populations traveling between Thailand, Vietnam, and Cambodia; and support to the Greater Involvement of People Living with AIDS (GIPA) project. UNDP supports the Ministry of National Defense to establish a Peer Education Training Network, IEC materials, health worker training, and an HIV/AIDS curriculum for in-service training. It also supports the NGO FRIENDS/Mith-Samlanh. UNDP provides

financial and technical support for intervention programs developed by PACs. UNDP funding for 1997-98 was \$1.1 million. (20)

**UNESCO** supports integration of HIV/AIDS into secondary school curricula, provides training of trainers and teachers, and implements awareness campaigns through cultural performances, research, and seminars. A small pilot project is being carried out by UNESCO in collaboration with the HIV/AIDS Coordination Committee (HACC). UNESCO funding for 1997-98 was \$77,500.

**UNFPA** supports the Ministry of Women's and Veterans' Affairs to carry out HIV/AIDS activities as part of the Ministries' reproductive health programs. Support includes procurement of condoms, training in HIV/AIDS and STI management for public health service providers, HIV screening and counseling services, support to NGOs for training and advocacy, materials production and IEC activities (theater, video, radio, print). Activities include integration of population education in secondary school-level curricula and teacher training. An EC/UNFPA-funded initiative, the youth reproductive health program, provides HIV/AIDS/STI-related information and services to 12-25-year-olds while building NGO capacity to work with youth. (32) This initiative is implemented by NGOs including Save the Children (UK), CARE, MEMISA (CORDAID), the International HIV/AIDS Alliance, and the International Planned Parenthood Foundation (IPPF). It is funded at US\$4,027,892 for 1998-2001. (44)

UNFPA has worked with women's networks in rural areas to inform women about STIs, including AIDS. UNFPA provided US\$230,000 to increase the supply of STI drugs. (20) Funding for UNFPA HIV/AIDS activities for 1997-98 was approximately US\$557,000. (12)

**UNICEF** supports the Ministry of Rural Development and the Ministry of Education. Assistance in Cambodia is part of the UNICEF Mekong Region STI/HIV/AIDS Project. Activities include information dissemination, promotion of appropriate behavior and life skills, and support for the decentralization of prevention activities through

the consolidation and expansion of PACs. UNICEF STI/HIV/AIDS activities include interventions for in-school and out-of-school youth (including workplace and nonformal education) and women and children directly affected by HIV/AIDS; and IEC strategies and material development for mass and local media. The organization also supports capacity building at the National Centre for HIV/AIDS and supports NGOs working with child sex workers. UNICEF provided \$770,000 for AIDS activities in 1997-98. (20)

The **World Bank** Disease Control and Health Development Project (1996-2002) provides national program support for the country's malaria, TB, and HIV/AIDS control programs. Of its \$30.4 million budget, \$6 million is devoted to activities related to HIV/AIDS. Activities include technical assistance to NCHADS, provision of essential drugs, provision of HIV/AIDS test kits, behavior change communication programs, and provision of office equipment for provincial-level HIV/AIDS offices. The Project will be followed by a 5-year Health Sector Support Project to expand activities to local health centers and strengthen monitoring systems. (45)

**WHO** supports the Ministry of Health and the NAA. WHO provided 3.8 million condoms to the Ministry of National Defense in 2000. In 1999, WHO provided training in STI program management for national and provincial AIDS and maternal/child health managers. Since 1994, WHO has developed STI clinics in collaboration with Medecins du Monde (MDM) and MSF. (14) WHO activities also include integration of HIV/AIDS in the TB Control Program. (20)

## **NGOs and Private Voluntary Organizations (PVOs)**

### **USAID-Supported NGOs**

The **Family Health International (FHI)/Impact** project works with the Institute for Tropical Medicine (ITM), Management Sciences for Health (MSH), Population Services International (PSI), the Program for Appropriate Technology in Health (PATH), the University of North Carolina (UNC),

and a network of local NGOs to reach out to members of the uniformed services, sex workers and their clients, street children, and women and children affected by AIDS. Activities include promoting condom use in brothels, increasing participation of religious leaders in prevention and care, strengthening NGO networks, behavior change intervention programs for high-risk groups, and development of STI prevention and care facilities for sex workers and their clients. FHI supports Nyemo, a counseling and care project for women and children affected by AIDS in Phnom Penh. FHI/Cambodia provides technical and financial support to Mith-Samlanh, "FRIENDS," an NGO working with street kids. (18) In August 2000, a new project was initiated to examine the links between TB and HIV and increase TB case detection and treatment follow-up. (6)

The **International HIV/AIDS Alliance** is also working to link NGOs to enhance their skills in behavior change communication and share best practices and knowledge. In Cambodia, the Alliance supported the establishment of KHANA, a linking organization for Cambodian NGOs that facilitates the sharing of financial and technical resources to expand and strengthen HIV/AIDS activities. KHANA currently supports 35 HIV/AIDS projects run by local NGOs in 14 provinces and two municipalities, covering 800,000 people. Nine of KHANA's NGO partners provide home care and support to families and children affected by AIDS. KHANA partners work mainly with street-based youth, uniformed personnel, sex workers, factory and logging station workers, and those working in bars, restaurants, karaoke establishments, night-clubs, and discos. The Alliance has documented lessons learned from KHANA activities. (8)

The International HIV/AIDS Alliance and FHI/Impact are implementing a project to address the needs of children affected by HIV/AIDS, including orphans. The project provides education and information about HIV/AIDS/STI prevention and care to sexually active street children and educates their families on how to prevent HIV transmission. The International HIV/AIDS Alliance (through its local partner KHANA) in 2000 undertook a needs assessment of children affected by AIDS in five provinces. As a result, 15 projects have modified

their objectives to include supporting children affected by AIDS. (8)

The **Population Council/Horizons Project** is implementing a number of research projects in Cambodia, including an evaluation of the 100% condom policy in brothels, a study of cross-border HIV prevention between Cambodia and Vietnam, and operations research in home-based care and social marketing of pre-packaged therapies for STIs. (9)

**Population Services International/AIDSMark** has played an important role in implementing a nationwide condom distribution program since 1993. Through PSI's social marketing program, more than 60 million condoms have been sold, with monthly sales in excess of 1 million. (14, 17) PSI has also implemented an information, education and communication (IEC) program to raise awareness among the general population of the dangers of HIV/AIDS/STIs and of means of prevention.

### ***Other Key NGOs/PVOs***

**CARE** provides HIV/AIDS information and prevention as part of its reproductive health care and support activities among garment factory workers. The initiative is part of a UNFPA/EC project for adolescents.

The **Salvation Center Cambodia (SCC)** aims to mobilize and involve Buddhist monks in community health education and human resources development. Monks in Phnom Penh and Battambang have been trained to become core trainers for other monks and for people in their communities, supported by UNDP/CARERE and the Interchurch Organization for Development Cooperation (ICCO). Buddhist monks have been involved in distributing HIV/AIDS IEC materials, have been trained to provide care for PLWHAs, and have trained villagers to provide home-based care. The Sisters of Charity operate a clinic for PLWHAs. (14)

**World Vision (WV)** established the first support group for PLWHAs, Light of Life (*Ponleu Chivit*). WV supports the World Vision Highway 4 STAR Project (2000-2002) for HIV/AIDS prevention in

fourteen factories along Highway 4. (14) WV also supports two NGOs participating in the national home care project.

## **CHALLENGES/TALKING POINTS**

Many developing countries coping with HIV/AIDS epidemics face common challenges, such as combating a thriving commercial sex industry, reducing HIV/AIDS-related stigma and discrimination, and ensuring supplies of affordable medications. In addition to these, Cambodia must confront a number of issues specific to its own epidemic:

- Ensuring an expanded multisectoral response
- Developing sufficient human resource and infrastructure capacity to carry out the National Strategic Plan on HIV/AIDS
- Expanding extremely limited HIV counseling services and improving training and recruitment of knowledgeable staff and volunteers
- Expanding behavior change interventions to reach indirect sex workers (i.e., bar girls)
- Providing appropriate regulation and training to carry out HIV testing in private pharmacies and ensuring related quality control, counseling and/or reporting of test results
- Educating health workers to care for and support PLWHAs
- Increasing the involvement of religious and political leaders and provincial governors in the fight against AIDS
- Improving STI surveillance, minimizing the increase in resistance to STI drugs, and increasing the availability and use of quality STI services, particularly among adolescents, single women, and women in antenatal clinics

It is clear that HIV has spread from high-risk groups to the general population in Cambodia. Breaking the chain of transmission from sex workers and their

clients to regular partners of each group is critical to curbing the epidemic, as is protecting the blood supply, assuring adequate sterilization of needles and syringes, and informing the public of potential sources of HIV infection. Improving donor coordination and strengthening community-based care and support programs are also key components of an effective national response. The issue of donor dependence will require attention if total HIV/AIDS-related costs to the Cambodian economy approach \$2 billion by 2006.

Advocacy activities are urgently needed to convince local officials of the importance of HIV/AIDS/STI prevention and care programs and to increase government commitment to prevention activities. An expanded multisectoral response involving all levels of government, the private sector, and civil society is needed, in addition to continued aggressive public outreach campaigns and education interventions targeting key high-risk populations.

## **IMPORTANT LINKS AND CONTACTS**

1. National AIDS Authority (NAA), Dr. Tia Phalla, Secretary General, 170 Sihanouk Blvd, Phnom Penh; Tel/Fax: (855) 23-210-903
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5. FHI/Asia Regional Office, Dr. Tobi Saidel, Regional Director, Arwan Building, 7th Floor, 1339 Pracharat 1 Road, Bangsue, Bangkok 10800; Fax: 662-5874758
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7. Khmer HIV/AIDS NGO Alliance (KHANA), Tilly Sellars; Fax: (855) 23-214-049, E-mail: [khana@bigpond.com.kh](mailto:khana@bigpond.com.kh).
8. HIV/AIDS Coordination Committee (HACC), Dr. Oum Sopheap, World Vision Cambodia; Fax: (855) 23-216-220
9. Cooperation Committee for Cambodia (CCC), P.O. Box 885, Phnom Penh; Fax: (855-23) 216 009, Email: [ccc@forum.org.kh](mailto:ccc@forum.org.kh)

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